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VENEREAL PROPHYLAXIS IN A NUTSHELL —A POPULAR LECTURE

By WILLIAM J. ROBINSON, M.D., New York.

THE venereal or sexual diseases, so called because usually, though not always, contracted during sexual intercourse, are three in number: Gonorrhea, syphilis and chancroid. Gonorrhea is the most common, most frequent of the three, syphilis the most terrible. In comparison with the other two, chancroid is not of much importance. Gonorrhea and syphilis are among humanity's greatest scourges. Humanity would have a different aspect, there would be much less ill-health, much less deformity, much less blindness, much less insanity, and in general much less unhappiness if these two diseases had never existed, and I confidently hope, in fact I am sure that the time will come when they will cease to plague humanity and will completely disappear from the face of the earth.

The venereal diseases are terrible as they are, without any exaggerations. But it seems that some people cannot speak of an evil without picturing it in too lurid colors. In the perfectly laudable and commendable desire to save the young men of the nation from the venereal peril, they make statements which must be characterized as wild exaggerations. For instance, you will hear it said that 80 or 90 per cent of all young men become infected with gonorrhea; that 25 or 50 percent suffer from syphilis; that *all* prostitutes or loose women suffer with gonorrhea or syphilis or both. You will further hear or read that gonorrhea is an incurable disease; once a gonorrhea, always a gonorrhea. And you are sure to come across the statement that 60 per cent of all married women have gonorrhea and that anywhere from 60 to 90 per cent of all operations on women are due to gonorrhea contracted from the husband. None of the above statements is true: they are all wild and silly exaggerations. Only about 20 or 25 per cent of men contract gonorrhea, only from 2 to 5 per cent suf-

fer with syphilis, many thousands of prostitutes or loose women go through life without contracting a venereal disease, gonorrhea can be perfectly cured, and if treated properly from the very start, cured in a very short time, and only a very small percentage of married women (probably not more than 2 or 3 percent) contract venereal disease from their husbands.

But granting all this, venereal disease is a sufficiently terrible calamity to make it incumbent upon you to do everything in your power to escape it. If you contract gonorrhea or syphilis, it will make little difference to you whether fifty per cent of all men have the disease or only five percent. You will be wretched and miserable, your entire future may be ruined, and you may have to curse the day you were born. You must do everything possible to escape a venereal disease: no sacrifice is too great for that. As most cases of venereal disease are contracted during sexual intercourse, the principal prevention or prophylaxis consists in not having intercourse with any woman whom you do not *know* to be free from disease without the use of a prophylactic. Merely hoping or guessing that she is free will not do: you run a chance, and it is too late to regret after you have caught the disease.

If you are not absolutely sure that the women you have relations with are absolutely free from venereal disease, then you *must* use a venereal prophylactic. That venereal prophylactics, properly and carefully used, do prevent the contracting of venereal disease, there is now no question. They have been introduced in many armies and navies and have greatly diminished the percentage of venereal disease. And it would be a good thing if *every young man* were, as a part of his course in sex hygiene, *instructed in the proper use of venereal prophylactics*. As I recognize that it is impossible for some young men to keep away from sexual relations until marriage, which now often takes place at the age of 28, 30 or 35, and as I do not consider gonorrhea or syphilis a deserved punishment for illicit intercourse, it stands to reason that I consider the use of venereal prophylactics perfectly *proper* and perfectly *moral*. It is the non-use of venereal prophylactics, the risk run of contracting an awful disease with the possibility of transmitting it to the future wife and children that is immoral. Of course, if you can easily abstain from any illicit sex relations, so much the better, but if you cannot, use a prophylactic.

CLEANLINESS.—The first principle of prophylaxis is personal cleanliness of the genitals. A person who seldom washes the glans penis and allows smegma to accumulate beneath his foreskin invites infection. The foreskin should be drawn back daily and it and the glans washed carefully with soap and water and dried. If there is a tendency to abrasions, washings with alcohol (1 part alcohol and 3 parts water) or with a 5 per cent solution of alum should be resorted to. Of course no suspicious sexual relations should be had when there is *the slightest abrasion* on any part of the penis, and should the tendency to abrasions, or cracks, or pimples persist, treatment should be instituted and continued until the condition has been completely cured.

CIRCUMCISION.—Circumcision is an important prophylactic measure, and the circumcised have a great advantage over the non-circumcised in respect to venereal infection. While the importance of circumcision is more striking in avoiding chancre and chancroids, still it also plays a role in avoiding gonorrhea.

URINATION.—A simple but in many cases efficient prophylactic measure is urination immediately after coitus. Many men use no other prophylactic and they seem to be safe. The stream of urine mechanically washes away the infective material; and besides, the urine, being of acid reaction, acidifies the urethral secretion, and this is antagonistic to the development of the gonococcus. The man should have plenty of urine in his bladder (he should drink plenty of water, and not urinate before coitus), and urinate immediately. The proper way is to start urinating, then to compress the meatus, and then suddenly let go. This dilates the urethra, and the stream coming out with more force washes out the canal more effectively.

THE CONDOM.—The oldest, simplest and at the same time safest protective against gonorrhea is the condom. The invention of this mechanical covering is attributed to a Dr. Condom, who may well be considered one of the benefactors of the human race. It has, no doubt, since its introduction protected *millions* of people from infection. Prof. Blaschko of Berlin has stated publicly that Dr. Condom deserves a monument, as without his little invention all *civilized* races would probably by this time be completely *syphilized*. The condom (also called French letter, protector, skin, capote anglais) is made principally of two materials; rubber and the gut (cecum) of sheep. Each material has its advantages and disadvantages. The rubber is supple and elastic, fits

better and does not easily slip off. But being a vegetable material it forms a barrier, and diminishes to a great extent the voluptuousness of the act. In some men it interferes with erection and ejaculation. And some men detest them so that they would rather forego all sexual relations than to use one. The "skin" condoms do not affect the act so much, but are not elastic, and must be moistened before use. Of course only the best quality of condom should be purchased, and one should make sure that the condom is perfect, by blowing it up or filling up with water before use. For the benefit of people in moderate circumstances it may be stated that condoms of good quality may be used more than once, but of course they must be cleansed and disinfected after each use. Wash well in running water and then let it soak in a solution of mercuric chloride 1:1,000 for an hour or two, wipe and dry and put away wrapped up in gauze.

CONDOM NO ABSOLUTE PROTECTION FOR SYPHILIS. While a good condom is an absolute protection against gonorrhea, it is not an absolute protection against syphilis. I have had in my practice several cases of syphilis contracted by patients who used condoms. Not to mention the possibility of infection from mucous patches on the lips, which is self-evident, infection may take place either at the root of the penis or on the scrotum.

CHEMICAL ANTISEPTICS.—One of the simplest and cleanest is a solution of mercuric chloride (corrosive sublimate) 1 to 5,000. Many men carry a small vial of this solution with them, and with a piece of cotton wash thoroly the glans and squeeze a few drops into the open meatus. Some have told me that they had been using it for years without ever any accident. It is clean, cheap and does not stain the clothes. Some people, however, are sensitive to mercuric chloride and the solution causes some irritation on the glans or in the urethra.

Others use a solution of potassium permanganate (1 to 5,000) by injection. This method is effective as a prophylactic, but I am not in favor of it. By injection the infecting material may be carried further backward, injections are irritating and may cause damage, and besides potassium permanganate stains the clothes and linen.

Protargol and argyrol have been used extensively and effectively as venereal prophylactics. A few drops of a 5 or 10 per cent solution of protargol or 20 per cent solution of argyrol are instilled into the urethra and held there for several minutes.

Silver nitrate is efficient, but is too irritating and I am opposed to its use.

In the last few years, following Metchnikoff's experiments, calomel in ointment form has been used a great deal as a prophylactic against syphilis. It has been found, however, that the calomel ointment also acts as a preventive against gonorrhea and some advise the use of it as a general venereal prophylactic. The glans and prepuce are well rubbed in with the calomel ointment to prevent the development of syphilis and chancroids, and some of it is injected into the urethra and this prevents the development of gonorrhea. The preparation used, for instance, on the U. S. SS. Rainbow has the following formula:

Calomel	50 gm.
Liquid petrolatum	80 c. c.
Adeps lanae	70 gm.

This being a semi-liquid preparation, it can be injected with an ordinary urethral syringe. During a period of six months there were 529 admitted exposures, with the development of only four cases of gonorrhea. Of these four one denied exposure and therefore did not receive the treatment, two received it late, more than twelve hours after exposure, so that out of the 529 there is really only one failure, which, considering the character of the women with whom the sailors consort, is an excellent record.

To avoid the inconvenience of having to prepare solutions, of carrying about a bottle and syringe, a number of prophylactics have been put on the market, which have the advantage of small compass, cleanliness, and readiness for use. Every country has its own preparations—in Germany there are dozens of them. There are several in this country.* Their employment is very simple, and as full instructions for use accompany these preparations, there is no need of giving them here.

NEGATIVE MEASURES.—The above are the positive measures for the prevention of gonorrhea. But he who wishes to avoid the venereal diseases must also listen to some negative advice. Besides several things to do, there are also several things not to do. The most important of all Don'ts is: Don't drink any alcohol, in any shape or form. Alcohol is a great ally of disease. It has a doubly pernicious effect. It weakens the reasoning power, making the man less careful in the selection of his partner, paralyzes

* The best known and most reliable are the Sanitubes.

the will, and thus causes the man to lose all prudence, making him tarry at the act or repeat it too many times, and prevents him often—by putting him into a deep sleeping lasting several hours—from employing any antiseptic measures. But besides this, alcohol by producing a congestion in the urethral canal makes it more vulnerable and more receptive to germs. If no alcoholic beverages were indulged in, there would be not only much less sexual indulgence, but also very much less venereal disease.

Another Don't is not to tarry too long in the act, not to attempt to prolong it unnecessarily, and not to repeat the act unless an antiseptic douche has been taken by the woman.

As is seen, there is no royal road, no short cut, to venereal prophylaxis. Pronouncing a prayer or a shibboleth will not do it. Some care must always be exercised, some trouble cannot be avoided. But this is a small price to pay for freedom from venereal disease.

TO SUMMARIZE.—In order to avoid venereal infection the genital organs must be kept in a clean, healthy condition. A condom of the best quality is up to the present day the surest and simplest prophylactic. As, however, it interferes with the voluptuousness or pleasure of the act, some men not being able to obtain an erection or ejaculation, other measures become necessary. They are: immediate urination after coitus, and instilling into the urethra a solution or a mixture of protargol or argyrol or a soft ointment of calomel. The Sanitubes are trustworthy and can be recommended. As a protection against syphilis the glans and prepuce should also be well rubbed in with a strong calomel ointment. The woman should always take a douche of bichloride of mercury, lysol or chinosol before coitus. Alcohol in any form is injurious and should not be indulged in before coitus, nor should the act be unduly prolonged.

EXTRA-VENEREAL PROPHYLAXIS.—But as venereal disease, particularly syphilis, may also be contracted outside of the sexual act, a few other hygienic rules should be observed.

Do not ever, if you can avoid it, use a public toilet. If you are forced to use it, protect yourself by putting some paper over the seat.

Do not use a public drinking cup. If you have to use one, keep your lips away from the rim. One can learn to drink without touching the rim of the glass or cup with the lips.

Do not under any circumstances use a public towel. The

roller towel is a menace to health and should be forbidden in every part of the country.

If you have to sleep in a hotel or in a strange bed, make sure that the linen is clean and fresh. Never sleep on bed linen which has been used by a stranger.

Avoid the barber. Shave your own beard. But if you do use a barber, make sure that his hands are clean, and that he sterilizes his razor. Always have your own brush. Never use a public brush or comb. Be sure that your dentist is a careful, up-to-date man and sterilizes his instruments carefully. Many a case of syphilis has been transmitted by a dentist's instrument. A syphilitic who goes to a dentist to be treated generally conceals his disease, and if the dentist is not in the habit of sterilizing his instruments after each patient, disaster may result.

Be sure that your manicurist is not syphilitic or at least that her hands are healthy, clean and free from any eruption.

And last but not least, do not indulge in promiscuous kissing. This is a real peril and there are thousands of cases of syphilis that are known to have been contracted directly from kissing. People suffering with syphilis often have little white sores (called mucous patches) on their lips, tongue and inside of cheeks. These sores are very infectious, and by kissing the disease is readily transmitted. Kissing games have been responsible in more than one case for a widespread dissemination of syphilis. Therefore, avoid promiscuous kissing!

By adopting these simple measures, everybody can be practically certain to escape venereal infection. And if the knowledge of venereal prophylaxis became universal, the venereal diseases would in a very short time cease to be the scourges of the human race that they are now.

I make the statement after full and careful consideration, that if I were given a free hand I could practically abolish venereal disease, the development of new cases, in one decade. But it is a vain hope. For the hypocrites and the professional moralists will not give us a free hand. They prate about the horrors of venereal disease, but when practical measures are suggested, they shrug their shoulders, and tell us that they care more about the soul than about the body.

AN ORIGINAL METHOD OF DEALING WITH PROSTITUTION.

BY DR. D. SARASON, Berlin.

WE must admit that prostitution is an *ineradicable* evil. It is therefore our duty to bend all our energies toward eliminating its baneful consequences, of which venereal diseases, are the worst.

Never had this duty seemed more imperative than at the present time when we expect the homecoming of soldiers to be followed by a mighty wave of venereal infection. When the war ends we must be able to count on a large and healthy increase of our population. It may be that we will then follow Blaschko's advice, to retain in the army all the men known to be suffering from venereal disease until they have been cured. I think that ways can be devised, however, to absolutely minimize the risks of infection in spite of the enormous increase in the number of disease carriers due to the war.

The periodical examination of prostitutes is perfectly useless as long as we allow infected men to have sexual intercourse with them. We must therefore adopt a system of regulation whereby *every man* shall be examined before being allowed to have intercourse with a prostitute.

We must first rescind the paragraphs of the statutes relative to the regulation of prostitution and to pandering. This will at once do away with the cadet system and the various forms of exploitation to which prostitutes are exposed. A corollary of this change in the legislation will be the strict repression of soliciting.

Prostitutes may be allowed to reside wherever they please, for experience has shown that they generally do their best not to attract anyone's attention in the part of the town where they live and not to make themselves objectionable.

Prostitutes should only be allowed to practice their profession in houses built by the municipalities and for which I suggest the name: Sexual retreats. Those houses would be scattered over great cities, towns of a certain importance and seaports. The authorities should retain full charge of them and not allow any private individual to have any share in their management. Thus only would it be possible to submit every male visitor to an actual examination and to turn away every person likely to spread venereal infection.

The women too would be examined, but this would become less and less necessary, for the examination to which the men would be

subjected would after a while minimize the risk of infection.

As a measure of protection against doubtful cases or cases that might escape the attention of the examiners, every visitor should be compelled to purchase a condom from the management and after intercourse to undergo a process of disinfection. The actual use of the preservative cannot be enforced, but in this case the women anxious to retain their health would cooperate with the authorities.

To make it absolutely impossible for an infected man to have any sexual intercourse whatever, I would go as far as opening the sexual retreats even to couples seeking a meeting place. A part of every house might be set aside for that purpose or even special houses built where real sexual need could be satisfied without serious danger to one's health.

Prostitutes could register at the office of a sexual retreat and thus secure the right to offer themselves to men in the parlors of the house. The management, which should be at all times kept informed of every woman's residence, would apprise her landlord of her means of earning a livelihood. Visitors would pay all moneys to the cashier. A percentage would be deducted from every woman's earnings.

Not only should those shelters be self supporting but there should be a surplus left wherewith to secure for the prostitutes sickness and old age insurance and other advantages.

Non-alcoholic refreshments only should be served in those places, for alcohol increases the sexual need to a regrettable extent; it destroys inhibitions which in certain cases prove effective restraints.

The sexual retreats would not be used as residence dwellings, but solely for the sheltering of extramatrimonial intercourse and as a place where prostitutes barred from the street can solicit patrons.

The sexual retreats might do away with clandestine prostitution which is responsible for the spread of disease. Many women hesitate nowadays to register as prostitutes and thus escape all possible control. Sexual retreats would not only make clandestine prostitution useless but on the contrary insure advantages to women registering as professional prostitutes.

The women who only indulge in sexual intercourse occasionally or within the limits of an "affair" could make use of the rooms reserved for that purpose. The safety insured by the use of the

sexual retreats would mean much to those women; on the other hand the unpleasant details connected with a visit to such establishments would act as a restraint in cases when desire was not all-powerful. At the Munich congress a speaker condemned in the name of the "moral imperative" any proposal to let the State supervise houses of prostitution. Another "moral imperative" demands that the State protect with all the means at its disposal the nation from the terrible danger of endemic venereal infection.

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THE INFLUENCE OF CASTRATION ON THE LIBIDO

BY EMIL OBERHOFFER, M.D.

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TWO cases which I observed personally enabled me to estimate the effects of castration several years after the operation had been performed. I will also report a third case of castration about which, however, the information at hand was not quite sufficient to enable me to draw any conclusions.

Case 1. A barber born in 1876. Masturbated excessively since puberty. Masturbated whenever he saw women. Committed to asylum for several sexual offences preceded by many thefts. He had tried immissio, cunnilingus and coitus ab ore with several girls under age. Under the influence of alcohol he would experience a great increase of libido and have intercourse several times in succession. The mere sight of women's shoes would arouse him; he would kiss them and masturbate at the same time. He was either sleepless or fell into a deep sleep and was most excitable when he woke up. In 1902 he asked to be castrated. The operation was finally performed in 1906 after he had threatened to castrate himself. After the wound had healed he became very anxious to know whether he could still give a woman sexual gratification. He masturbated and experienced as much pleasure as he had before, except that erections were impossible. Five months later he escaped from the asylum. He took advantage of his freedom to have intercourse with a barmaid and pretended that on that occasion he had had an erection and an ejaculation. Released on probation two months later he had intercourse with several girls and could perform coitus up to the point of the ejaculation. One of the girls wished to marry him.

* Sexual Probleme.

About a year after his operation had been performed, he tried vainly to have intercourse with the woman who later on became his wife. He tried thereupon to masturbate but failed to have an erection. A few days later he successfully performed the sexual act to the satisfaction of both parties. And yet 10 days later he met again with complete failure. He married in May 1908. In 1910 new alcoholic excesses on account of which his wife secured a divorce landed him once more in the asylum. By that time he had become absolutely impotent and neither his wife's body nor any other woman's body or erotic pictures could arouse his libido. He still had sexual dreams but not as frequently as before. Pollutions had continued for a year after the operation after which they disappeared almost entirely; they were replaced by emissions of a watery fluid without any erection or sexual thoughts.

When the patient had some sexual power left and could still perform the sexual act, this sort of ejaculation used to take place several hours after coitus, without any erection and was accompanied by a distinct pleasurable feeling. The gratification he obtains now is very rapid and not as intense as it was previously. The patient has been in good physical and mental health since he has been abstaining.

Case II. A journeyman born in 1875. Began to masturbate at an early age. Unable to find any more gratification in it he resorted to perverse practices, bestiality, frottage. Sentenced to jail at eighteen for obscene practices with boys. Sentenced again for the same offence three years later. Arrested again after his release and committed to insane asylum.

Indifferent to feminine attractions and only aroused by the thought of boys. In 1904 and 1906 he was again arrested and he finally decided to have himself castrated. The operation was performed in July 1906. It was followed by deep depression and certain obsessions. He thought every one was talking of his case and that other patients were persecuting him. He was released in October. After that he was never aroused sexually by the sight or thought of boys and expressed himself as very happy over the fact that his "abominable instincts" were dead. The patient, however, felt at times an anxiety he had never experienced previously.

Case III. Imbecile. Castrated at 34 on account of unbearable neuralgia of the testicles. At forty he looks like a youth of twenty with very feminine chest, abdomen and pelvis; no beard and no hair about the genitals. Erections took place for six months following castration and then disappeared entirely. Tried to have intercourse with a woman but couldn't perform immissio.

In these cases we make the following observations: In case I, castration having been performed at thirty one, the detumescence and contractation instincts are still in existence eight months after the operation. From the eighth to the twelfth months the detumescence instinct decreased and gradually disappeared, the contractation instinct decreased somewhat but continued to exist.

Case II. Castration at thirty two. Detumescence and contractation instincts (homosexual tendencies) died out within five months. The patient is now a useful individual absolutely free from the tendencies that previously drove him to commit not only sexual delicts but all kinds of other reprehensible acts.

Case III. Castration at thirty four. Detumescence instinct died out within six months; the contractation instinct was still alive eight years after.

This shows that the statement made by Theile and Pelikan, to the effect that the contractation instinct survives and that erections still take place when castration has been performed after puberty is not the absolute rule. Furthermore in the case of a homosexual the sexual instincts disappeared entirely.

The fate of the contractation instinct seems to be different with every case. Case II would contradict Moll's assumption that it depends upon the intensity of the previous erotic impressions.

In Case I a whole series of symptoms due to the impossibility in which the patient was to satisfy his instinct except through masturbating (sleeplessness, heavy sleep, excitability, depression) disappeared immediately after the operation. In this case, contrasting sharply with Case II the sexual excitation seemed to be to a great extent independent from the production of seminal matter. A year after the operation the patient still had sexual dreams and pollutions. Those pollutions must have been caused by the accumulation of prostatic secretions which seem to be discharged at regular intervals just like accumulated testicular products.

The feelings of anxiety experienced by Case II must have been due to unsatisfied libido, so to speak, accumulating within him and which before his operation he had been able to relieve through sexual activity.

In Case III finally we observe a very strange physical phenomenon; eight years after castration the patient began to have urethral bleeding recurring at intervals of six weeks, accompanied by severe lumbar pains and corresponding to a sort of menstruation. No such loss of blood had ever been recorded in the literature of the subject.

CASE REPORT: GUN SHOT WOUND, INJURY TO TESTICLES AND CORDS, INPLANTATION OF VAS IN TESTICLE.

By DR. JULIUS FRISCHER, Kansas City, Mo.

Edwin H.—Male, Truck Driver, age 37 years. Married. Weight 190 pounds. Entered Kansas City General Hospital Oct. 17th, 1915, 7:30 a. m., complaining of gun shot wound of left thigh and scrotum. Patient was bleeding profusely, and the Interne applied pressure with bandages to control hemorrhage until I arrived at the hospital.

Examination: Patient was taken to the operating room at 3 p. m. and under ether anesthesia, we discovered gun shot wound caused by a bullet of large caliber, which, I was afterward told, had been fired from a 56 caliber, Spanish-American rifle. The bullet entered the left thigh at its outer aspect 10 cm. below the greater trochanter of the femur and passed through the thigh evidently striking the femur and becoming more or less flattened. The point of entrance was about 1.5 cm. in diameter and the point of exit, on inner aspect of thigh, was about 3 cm. in diameter. The bullet then passed through left scrotal sac cutting off globus major of the epididymis and the upper part of testicle, and severed the cord on left side. It then passed through the right scrotal sac, and completely dislodged the right testicle, displacing it from scrotal sac. The cord on right side had retracted into the inguinal canal.

Operation: An incision 5 cm. long was made through skin, dartos and tunica vaginalis on the right side from the neck of the scrotum downward and the scrotal sac opened. The cord on right side had retracted into inguinal canal and, as it was not bleeding, it was not disturbed. The right scrotal sac was closed by means of through and through horse-hair sutures. An iodoform gauze drain was placed in sac.

A 5 cm. incision was made through skin, dartos and tunica vaginalis on the left side from neck of scrotum downward. Both cord and testicle were delivered in wound. The cord was found to be lacerated and the bullet had severed the vas. The left testicle and epididymis also were badly lacerated. The globus major of the epididymis, being badly torn, was removed. The tunica albuginea and the edges of the fragmented testicle were trimmed off and the tunica closed with continuous catgut sutures. The vas was

dissected from the cord, and invaginated into the testicle, where it was held in place with two fine catgut sutures. The scrotal sac was closed with through and through horse-hair sutures. A gauze drain was placed in left scrotal sac.

A Wasserman was made of the patient at the time of admission as is customary for all cases in my service. Despite the presence of a 3 plus positive, the patient had a rapid convalescence.

After treatment: Profuse drainage first week. The sutures were removed in eight days. Nov. 20th, patient has had erections for past 5 or 6 days. Nov. 24th 1915, discharged from hospital. Nov. 30th 1915; patient has reported that he has had satisfactory coitus once.

Jan. 7th 1916; successive examinations of four different specimens of semen showed no spermatozooids present. These examinations were made very carefully.

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SYPHILITIC HYDRARTHROSIS.

BY CHARLES GREENE CUMSTON, M.D., Geneva, Switzerland.

Privat docent at the University of Geneva, Fellow of the Royal Society of Medicine (Lond.), Honorary member of the Surgical Society of Belgium, etc.

A not infrequent joint complication arising during the secondary period of syphilitic infection is hydrarthrosis, or water in the joints, devoid of any acute symptom.

Hydrarthrosis is looked upon as a transitional accident between the secondary and tertiary periods and it may occur during the latter, but of the tertiary form I shall say nothing, as it in no way differs from the secondary variety.

This specific joint lesion has been regarded by some as a late secondary manifestation because its commencement is slow and insidious, so that the patient's attention is only called to it when the joint has already attained a considerable size. But in reality, it is not uncommon to see it develop during the early skin or mucous lesions of secondary syphilis.

In order to determine the date of its appearance one must carefully question the patient and altho hydrarthrosis is far more frequent than is generally supposed it can be said that it is very often overlooked. Its principal, and often only symptom, is a fluid collection in the joint, which may require several months to

reach a sufficient size to attract attention. No inflammatory phenomena accompany the formation of the fluid, altho occasionally at the beginning it may give rise to slight pain which soon disappears and the joint becomes indolent.

The large joints are those usually involved, altho the smaller ones may likewise be the seat of the lesion, but the knee is by far the commonest site. Both knees may be simultaneously or successively involved, but under these circumstances the amount of fluid is hardly ever equal on both sides, and this inequality is a peculiarity of syphilitic hydrarthrosis.

Examination of the joint reveals the same objective signs as hydrarthrosis in general. The joint is enlarged, the skin normal and the normal folds and fossæ are effaced. Fluctuation is easily detected, particularly in the knee and other large joints and the patellar shock is quite distinct if the fluid collection is sufficiently considerable, while by palpation no appreciable change in the bone or synovial membrane can be made out. There is no muscular atrophy and it is to be remarked that of all joint affections those due to syphilis are, perhaps, the least apt to react on the neighboring muscular groups. Pain is absent on pressure and the joint can fulfill its functions, there only being some slight restriction of the movements when there is an excessive amount of fluid present. There does not appear to be any relationship between the gravity of the specific infection and the joint lesion as hydrarthrosis occurs in both severe and mild syphilis.

It is logical to suppose that the fluid collection is due to a change in the synovial, to some lesion of the ends of the bones composing the joint or a pathologic state in both, but autopsies are lacking to reveal the true condition of affairs.* After withdrawal of the fluid by puncture some results have been attained from a study of this element. If a cytologic examination be made it will be found that leucocytotoxic formulæ vary according as to whether this is carried out at the beginning or end of the process. In the former there is a polynuclear formula, in the latter a lymphocytic one. This accords with the subacute stage of the arthritis and a decrease in the fluid collection.

Abrami and Griffon (*Annales des mal. vénériennes*, 1907), state that the fluid is more toxic at the end of the hydrarthrosis on

* Mr. J. E. R. McDonagh, in his recent admirable work, "*The Biology and Treatment of Venereal Diseases*," London, 1915, merely says: "As a result of osteo-chondritis, hydrarthrosis may supervene," in his chapter on congenital syphilis.

dissected from the cord, and invaginated into the testicle, where it was held in place with two fine catgut sutures. The scrotal sac was closed with through and through horse-hair sutures. A gauze drain was placed in left scrotal sac.

A Wasserman was made of the patient at the time of admission as is customary for all cases in my service. Despite the presence of a 3 plus positive, the patient had a rapid convalescence.

After treatment: Profuse drainage first week. The sutures were removed in eight days. Nov. 20th, patient has had erections for past 5 or 6 days. Nov. 24th 1915, discharged from hospital. Nov. 30th 1915; patient has reported that he has had satisfactory coitus once.

Jan. 7th 1916; successive examinations of four different specimens of semen showed no spermatozooids present. These examinations were made very carefully.

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SYPHILITIC HYDRARTHROSIS.

By CHARLES GREENE CUMSTON, M.D., Geneva, Switzerland.

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A not infrequent joint complication arising during the secondary period of syphilitic infection is hydrarthrosis, or water in the joints, devoid of any acute symptom.

Hydrarthrosis is looked upon as a transitional accident between the secondary and tertiary periods and it may occur during the latter, but of the tertiary form I shall say nothing, as it in no way differs from the secondary variety.

This specific joint lesion has been regarded by some as a late secondary manifestation because its commencement is slow and insidious, so that the patient's attention is only called to it when the joint has already attained a considerable size. But in reality, it is not uncommon to see it develop during the early skin or mucous lesions of secondary syphilis.

In order to determine the date of its appearance one must carefully question the patient and altho hydrarthrosis is far more frequent than is generally supposed it can be said that it is very often overlooked. Its principal, and often only symptom, is a fluid collection in the joint, which may require several months to

reach a sufficient size to attract attention. No inflammatory phenomena accompany the formation of the fluid, altho occasionally at the beginning it may give rise to slight pain which soon disappears and the joint becomes indolent.

The large joints are those usually involved, altho the smaller ones may likewise be the seat of the lesion, but the knee is by far the commonest site. Both knees may be simultaneously or successively involved, but under these circumstances the amount of fluid is hardly ever equal on both sides, and this inequality is a peculiarity of syphilitic hydrarthrosis.

Examination of the joint reveals the same objective signs as hydrarthrosis in general. The joint is enlarged, the skin normal and the normal folds and fossæ are effaced. Fluctuation is easily detected, particularly in the knee and other large joints and the patellar shock is quite distinct if the fluid collection is sufficiently considerable, while by palpation no appreciable change in the bone or synovial membrane can be made out. There is no muscular atrophy and it is to be remarked that of all joint affections those due to syphilis are, perhaps, the least apt to react on the neighboring muscular groups. Pain is absent on pressure and the joint can fulfill its functions, there only being some slight restriction of the movements when there is an excessive amount of fluid present. There does not appear to be any relationship between the gravity of the specific infection and the joint lesion as hydrarthrosis occurs in both severe and mild syphilis.

It is logical to suppose that the fluid collection is due to a change in the synovial, to some lesion of the ends of the bones composing the joint or a pathologic state in both, but autopsies are lacking to reveal the true condition of affairs.* After withdrawal of the fluid by puncture some results have been attained from a study of this element. If a cytologic examination be made it will be found that leucocytoxic formulæ vary according as to whether this is carried out at the beginning or end of the process. In the former there is a polynuclear formula, in the latter a lymphocytic one. This accords with the subacute stage of the arthritis and a decrease in the fluid collection.

Abrami and Griffon (*Annales des mal. vénériennes*, 1907), state that the fluid is more toxic at the end of the hydrarthrosis on

* Mr. J. E. R. McDonagh, in his recent admirable work, "*The Biology and Treatment of Venereal Diseases*," London, 1915, merely says: "As a result of osteo-chondritis, hydrarthrosis may supervene," in his chapter on congenital syphilis.

account of its greater concentration, but they were unable to obtain positive results by inoculation in the guinea-pig.

The leucocytic formula of syphilitic hydrarthrosis does not resemble that of the tuberculous variety. Griffon and Déberain (*Annales de dermatol. et de syph.* 1906) found 62% polynuclears, 22% lymphocytes and 16% mononuclears, no red blood corpuscles but many macrophages. Microscopically, there are no pathogenic agents nor spirocheta pallida and attempts at culture remain sterile.

As has already been remarked, syphilitic hydrarthrosis has an insidious beginning which, for this reason, causes it to pass unnoticed. Its progress is torpid and indolent although Fournier states that it may disappear, even in a few days, *sponte sua*. Such cases I have never met with, but mercurial treatment will accomplish this feat, although absorption is incomplete in spite of specific treatment.

A cure may be progressively brought about by a disappearance of the fluid or, on the other hand, it may be delayed by successive attacks of recrudescence of the collection. In other words plainly stated, a definite cure is far from being always obtained. It is an obstinate manifestation of secondary specific injection which can very well ultimately result in serious joint changes.

If at the same time as the hydrarthrosis the subject presents other syphilitic lesions the diagnosis is manifest. If, on the contrary, such lesions are absent, real difficulty will be met with in coming to a correct conclusion as to the true nature of the process. In young subjects it is frequently bilateral but the fluid accumulation is not equal on both sides. By palpation the synovial is not found thickened while the movements of the joint are not limited. In the early stages, at least, nothing can be detected in the bones forming the joint involved. An antisiphilitic treatment may aid in the diagnosis but it should be recalled that even should it fail in results, this fact is not at all conclusive.

It is hardly probable that a syphilitic hydrarthrosis can be mistaken for a tuberculous synovitis, because there is no thickening of the synovial membrane and no special attitude given to the limb involved, but should there be any doubt an injection of tuberculin or the ophthalmo-reaction should settle the question.

Once the diagnosis made, treatment should be commenced, without delay. This is local and general. Locally, the fluid should be withdrawn by puncture, after which the joint is done up in a compressive dressing. Should a suppuration develop secondarily

due to the breaking down of a gumma in the synovial, arthrotomy must be resorted to, the joint cavity cleaned out according to the usual rules of general surgery and the joint immobilized. Resection will be required in those instances where the arthrotomy has become complicated by an ankylosis.

Of foremost importance, however, is the specific treatment upon which I desire to say a few words. To act rapidly and with success I find that the injection of soluble salts of mercury is the best, either of the following formulæ being satisfactory. The first two are due to Gaucher, the third to Brousse.

℞ Hg. bichlorid.0, 10
 Natrii chlorid.0, 20
 Aq. dest.10 cc.
 *Cocain. hydrochlor0, 05

S. One cubic centimetre for an injection.

℞ Hg. benzoat.1.0
 Natrii chlorid.2.5
 Aq. dest.100 cc.

S. 1 to 4 cc. per injection.

℞ Hg. biniodid.0,10
 Kali iodid.0,20
 Natrii cacodylat0,30 to 0,50
 Aq. dest.10 cc.

S. One cc. per injection.

These should be given daily for ten days, then an interval of ten days is given before again commencing.

Mercury can be given by mouth if the patient cannot visit his medical man for the injections, in which case the following prescription will be found of service.

℞ Hg. biniodid.0,10
 Kali iodid.20.00
 Natrii cacodylat0,50
 Aq. dest.300.00

M. D. S. A dessertspoonful after lunch and dinner.

* It is unfortunate that stovaine cannot be substituted for the cocaine, but the incompatibility with the Hg. prevents this change.

HOW TO PREVENT AN EXCESSIVE FALL IN THE BIRTH-RATE WITHOUT INTERFERING WITH THE USE OF CONTRACEPTIVES.*

BY PROF. A. GROTJAHN, Berlin.

II.

CONSCIOUS PARENTHOOD

The regulation of the birthrate to which we will eventually resort for eugenic and political reasons will have one result: the large majority of children will be procreated thru a conscious act of their parents, they will be born because their parents will want them. Henceforth the survival of the community or of the nation will be dependent upon the will of each individual couple. It behooves us then to inquire into the nature of the will to procreate.

The sexual urge is no longer inseparable from the will to procreate and in the future it will be even more independent of it. It may be that what we call civilization consists to a certain degree in a divorce between the sexual and the parental instincts. Life's needs and life's pleasures have become gradually differentiated. We eat and drink not only substances which sustain our bodies but which produce pleasurable sensations and make the process of feeding especially agreeable. Our eye is not used only to discover objects we need; our ear does not serve only to warn us of dangers; both senses are used extensively for purposes of enjoyment.

The same phenomenon is observable in our sexual life and the spread of information about preventives will generalize it still further.

Whether we approve of that divorce or disapprove of it, it remains an accomplished fact. It is no longer the sex urge on which we can rely to insure the continuation of the race but the will to procreate. And this fact has two consequences: it is true that we can now apply the discoveries of eugenics to the propagation of the species; on the other hand, there arise obstacles which once upon a time the sexual urge would have surmounted without difficulty but which nowadays may either paralyze the will to procreate or prevent its free exercise.

We must then create conditions which facilitate the exercise of the will to procreate.

At present many burdens make parenthood onerous not only for the poorest classes of society but for the middle classes. Edu-

* Continued from January issue.

cational requirements are very severe. Professional men cannot hope to attain a position before the age of twenty seven or twenty eight. Of all the students attending high schools or universities very few will be in a position to marry before they are thirty.

Among professional men and officials there is also a fear which paralyzes the will to procreate, the fear of "having one more daughter." The expense of bringing up a girl which is never compensated as the expense of a boy's education is, and the difficulty to marry her off are great burdens upon the middle classes. When parents have had two or three daughters in succession they will most certainly resort to preventives the rest of their life. Opening up new careers for women will not remedy that condition.

In agricultural populations the higher birthrate may be attributed to a greater indifference to the consequences of sexual intercourse, but even in that class of the population a falling off is noticeable. Among industrial workers, the higher the wages the lower the birthrate. We must give up the belief that the proletariat constitutes an inexhaustible human reserve. We have come upon a new slogan in workingmen's meetings and in the labor press: the mothers' strike. The use of the word implies that the lower classes of the population are now familiar with means of preventing conception. When prevention becomes an effective weapon in the fight between labor and capital, it will annihilate the working class. Furthermore while the higher classes can find in the lower one the recruits they need to replenish their ranks, the lower classes can not fall back upon any other class and by letting their numbers diminish they will lose their political power.

It is also very important to notice the attitude women have assumed in this connection. Women are apparently eager to resort to all kinds of methods for the prevention of conception. Renetta Brandt Wyt has analyzed very cleverly the psychological motives that are responsible for this attitude. "Motherhood," she writes, "is in woman a dormant possibility. To be a mother and to care for children is every woman's ideal. The reality, however, corresponds very little to her dream. The woman's womb is of course her property; but it is, so to speak, managed by man. It is man who opens up the virgin's body. It is he who provides the stimulus for her fecundity. He has a first claim, guaranteed by law, upon the product of it, the child. And now thanks to anti-

conception appliances woman can once more own her womb; she can manage it herself altho only in a negative way. The motives which actuate woman seem in last analysis to be the joy over the mastery of her own womb and the right to decide whether it shall or shall not be fertilized. The woman, however, cannot of her own will decide whether she is to be a mother, for the cooperation of man is necessary for impregnation. In that direction woman can only exert a restraining influence. Thru a negative process woman's will to procreate can transfer itself into unwillingness to accept pregnancy and its consequences. That unwillingness has its origin in the very human desire to eschew physical discomfort and in the naive joy of disposing freely of her uterus. The dormant mother instinct becomes to her a plaything which she sets in motion and then stops regardless of the consequences. Few women realize the gravity of such experiments for themselves and for the community. They are ruled by purely sexual and physical instincts. These should be replaced by a positive will to create, to care for and to protect. Yesterday woman was a mere child-bearing machine; today she only wishes to bear two children. For her own sake and for the sake of society of which she is a component element, she must strike a happy medium between these two extremes."

I have very little to add to this except that woman should come to feel a very lofty joy in giving willingly and consciously to the community more than what it needs for its growth. Mothers who bring up more than three children of at least five years of age must become conscious of their social, national and eugenic importance. They must feel that they are the real pillars of society and in consequence are entitled to put forth for themselves and their families claims which in the course of time will not be denied them.

We also have to deal with one human factor of importance; the tendency to brutality in man and to flippancy in woman. Education, custom and the law have curbed the man's natural brutality; but the woman's flippancy is not so easily dealt with. The woman who has at her disposal preventive appliances may be satisfied to bear one child or perhaps two whom she considers as playthings, while her duties to society would demand a large family of which three children would only be the foundation.

On the other hand, woman has a deeper respect than man for

law and custom, and this leads us to hope that after that present period of unsettled standards is past, women will accept the new standards established for them by hygiene and eugenics, by sociology and statistics.

It should not be difficult to demand from women of all classes a 10 per thousand increase of the population in countries where the death rate is low; and this without making out of woman either a childbearing machine or a household drudge.

The growth of woman's earning power is another factor in the limitation of offspring. The wage earning married woman, however, is rather a branching off of evolution than a part of the evolutionary process. It is a deplorable development which causes the working woman to shut her children day after day in a city flat and go to work, or the doctress to leave her children in the hands of servants and to attend to her professional duties. Such cases, however, are only freaks and not a new evolutionary stage in its incipency.

We may add that the educated woman shirks almost completely the duty of motherhood. The increase in the number of women students of which we were at a time so naively proud, is a transition phenomenon which is perhaps unavoidable in the process of woman's emancipation but which leaves the whole woman problem unsolved. The great problem is the growing difficulty for women in all classes of the population to find mates.

In the course of the past ten years the woman's movement has taken a gratifying turn. The most ardent partisans of women's rights couldn't ignore long the fact that motherhood is the central point of woman's life, whether woman is considered an individual or a part of the social organism. Curiously enough this obvious fact was at first a discovery of the litterateurs and then was taken up by agitators. This view of motherhood from a hygienic point of view is gratifying, for it will attract more attention to the present status of the girl mother, and, in the course of time the woman's movement will occupy itself more with parenthood and the family.

The woman's world has a deep interest in a growing expansion of the marriage mart. This can only be accomplished by encouraging early marriages in the classes where they are still customary and by introducing that habit in classes whose members marry late in life.

Furthermore the mother who has borne and brought up many beautiful children should be accorded among women the honor she deserves. The will to procreate will only express itself when consideration, praise and economic advantages are vouchsafed no longer to those who have created many children by accident but to those who have deliberately presented the community with a large number of strong children who come up to all the requirements of eugenics. It may even happen in time that such zeal will have to be supervised and kept within bonds by medical experts. . . .

One of the most effective ways of helping the will to create in its struggle against the many obstacles that lay in its path is to appeal to potent social feelings which have a strong influence upon the moral conscience of the individual. Among those feelings patriotism is perhaps the strongest. Unfortunately too many people understand by patriotism an attitude of hostility to other countries. But the rational regulation of procreation would be the very means of deflecting patriotism from that direction.

We may dismiss other social feelings as factors in this problem. A feeling of the solidarity of all civilized nations or even of all the branches of one race which wouldn't imply hostility to other races, would not prove enough of a stimulus to procreation. Neither should we insist on other social feelings such as loyalty to a group, a class or a caste.

What gives the patriotic feeling such power is that it can, with the cooperation of the authorities, of the legislative bodies, and of the organs of public opinion bring about the removal of all the obstacles which consciously or unconsciously conspire to prevent the fulfillment of the duty of procreation.

The worst calamity than can befall a people is to remain in ignorance of the dangers that menace it. It is not the increase in armaments of France and England which are dangerous for Germany, but the increased birthrate of our slav neighbors. Germany is in comparison with Russia a small nation and the danger for us will be even more acute when Russia cuts down her death-rate and develops industrially as all the other European nations have done. It will be better for us to forestall that danger by an increase in our population rather than by a recourse to arms.*

* This was written of course before the war.—Editor.

SOME FACTORS IN MARRIAGE AND THE CHOICE OF A LIFE-MATE.

BY HANS BLÜHER.

Was marriage established by Nature or by custom? Certain biological facts such as the comparative death rate among legitimate and illegitimate children, one in twenty eight and one in twenty three respectively, emphasize the advantage of permanent unions from Nature's point of view; but it is mainly in the psychological field that we can gather plentiful evidence as to the true character of marriage.

Let us keep in mind the *Odyssey* which philologists very aptly call the Song of Songs of wedded life. Both Calypso and Circe, wild, young goddesses, for whom Homer never has a word of criticism or of scorn, failed to hold Ulysses' affection. It was for Penelope, aged and grey, that he longed; and neither the morality nor the religion of the time championed Penelope's cause.

What is that force which binds a man to a woman, as Ulysses was bound to Penelope? We have observed many times that it is neither a woman's luxuriant shape nor her great intellectual development which provokes in a man what we might call the "marriage feeling" and later on keeps that feeling alive in him. Many a time a young man ignores a number of beautiful creatures to whom his attentions would be welcome and lets his choice fall upon some simple maiden, whom he feels to be "the right one". Men will explain their preference for some girl by saying: "There is a something about her which attracts me" or again "There is something homelike about her." Here we are getting nearer the crux of the matter. We are getting at the connection between life and home and it may be that the man does not think so much of the home in itself as he does of the nursery.

We find ourselves now in the very domain of psychanalysis, for the first incidents of a child's life exert a deeper influence upon the individual's development that is usually conceded. Even the choice of a mate is determined by the complex of instincts formed within us in infancy.

I will illustrate my meaning by citing the case of a personal friend of mine, Dr. L., a man with a very strong sexuality but without any neurotic taint whatsoever. This is not a pathological case but a perfectly sound and normal one.

A very refined type and very popular with women, Dr. L. had in the course of extended travels conquered many women of distinction and beauty. And yet he admitted that in spite of his successes he had never found perfect satisfaction in love. When I asked him whether there wasn't a single one of those women who in any way came near the ideal he had in mind, he answered: "Yes, there was one, a nurse, whom I might have married. She was different. I just kissed her a few times. There was something about her that reminded me of my younger sister."

The solution of the enigma was in sight; with the sort of diplomacy one requires in the practice of psychoanalysis I changed the subject; I did not wish at that time, by laying any special stress upon his infantile fixation on his sister, to provoke a reaction which would jeopardize further research.

In our following conversation I brought up in a purely theoretical manner the subject of the development of sexuality in the individual and of its gratification in children. My friend remarked that in their secret games in dark corners, children were simply obeying sexual promptings.

Seeking for an example, he looked for one in his own life experiences. He admitted not without marked hesitancy that there had been a sexual element in his relations with his younger sister, but, he was careful to add, he and she had never overstepped certain limits. His very choice of words revealed that he was painfully conscious of certain incestuous desires.

He finally told me that his sister had been in childhood the constant object of his desires. Were extremely fond of each other and were always found in each other's company. They had indulged together in childlike sexual indiscretions which however his sister had given up when she entered adolescence. To this day he felt a very deep affection for his sister. She was now married to a man of culture and good character towards whom he experienced an unexplained antipathy.

I pointed out to him that this was merely a case of sexual jealousy, of which he might not have been aware and he conceded that I was right "in a certain way."

He denied having had any desire, since reaching manhood, to resume sexual relations with his sister. A few days later, however, he told me of three incestuous dreams he had had in the interval, those dreams being accompanied by pollutions. Later on those dreams recurred frequently.

Owing to the man's strong sexuality and to his clear consciousness, facts didn't assume the form of symbols in his dreams; one could get at the facts themselves, directly one broke the thin crust of repression.

After establishing the fixation on his sister, I tried to follow the trail of a fixation on his mother. Our real feelings toward our mother are generally buried deep in the subconscious and kept there under a stronger repression than our feelings toward our sisters. As far as my friend was concerned I could only ascertain that he had been a very devoted son. A year before, his mother had become mentally deranged and had committed suicide. My friend spoke of her in the most loving way and the memory of her death affected him profoundly.

Toward his father, Dr. L. felt an antipathy which was only compensated by superficial respect. He was incensed over the relations his father had had with more or less worthy women even before his wife's death. In childhood many an hour of affectionate intimacy with his mother had been interrupted by his father's jeering remarks. My friend found himself then in the so-called Edipus situation toward his parents: his mother was the loved one, his father the hated rival.

My friend now understood the reason for his aimless love-making. His fixation on his sister, which appeared to be the dominant factor in his attitude to women, might allow any woman diverging from his sister's type to play in his life the part of Calypso or Circe, but never the part of Penelope.

A year later he became engaged to a simple girl whom he himself characterized as homely. Considering his sexual temperament I was curious to know how he conducted himself when alone with her.

He told me that thus far he hadn't had any desire for her and could very well wait.

I convinced myself afterwards that Dr. L.'s fiancée in many respects resembled his sister physically and mentally.

There is no doubt but Dr. L.'s attitude to his fiancée differed from his attitude to other women as completely as the Penelope type of women differs from the Calypso type; by which is meant that the Calypso type seems to unchain a purely genital form of sexuality. From the minute she meets a man, coitus is agreed upon. If the woman is mentally gifted a whole edifice of values is built around her, but they all bear an unmistakable genital

stamp. With the Penelope type, on the other hand, things are quite different. It is her whole personality which occupies the erotic stage and the resulting libido is more moderate. It is only at a later period that the sexuality she awakens assumes a genital orientation, for she is after all a woman, has a womb and can bear children.

Philemon and Baucis illustrate well the latter form of relation between man and woman; we may, without any prudery, assume that the relations between Goethe and Madame von Stein were free from any sexuality. I may add that there are many cases of "love" between persons of the same sex, a variety of love for which our vocabulary seldom supplies the proper designation, and which is not connected with any sexual urge; actual homosexuality is after all very rare.

These two types of relations, in appearance so different are from the chemical point of view very similar; they can be likened to a flame and a smouldering fire, respectively; in both cases combustion is due to the combination of a certain substance with oxygen; and after all it is that same process which causes organic substances to decay and metals to rust.

A popular saying has it that love in married life is whatever remains after passion has burnt itself out; there is more than that in married love; there is an element that derives its strength from childhood fixations; and this is precisely why the wife we take has about herself something "homelike"; this also explains why married people often present a certain physical likeness; to say that they became alike in the course of time through the influence of the same environment is not an explanation.

There are cases however when a childhood fixation is so persistent that it makes it impossible for the man to love another woman. A case in point was that of the French Apache Bonnot who wrote in his will that he had never been loved in his life and that since his mother's death he had been absolutely lonely.

Opposed to this type which we may call the endogamous type, there stands another which we will designate as the exogamous type.

Karl Abraham first called the attention to the latter at a meeting of the International Psychoanalytic Society of Berlin. Here is the usual development of that type: first a strong fixation upon one's sister in childhood; then the incest line is drawn between brother and sister but the pendulum swings so far in the

opposite direction that the man absolutely shuns every woman of his sister's type and seeks a mate of an entirely different type, nay of a different race. In this case childhood fixations have a negative influence upon the choice of a mate and nothing remains of the Penelope complex.

To show that the case I have discussed in detail was not purely individual I shall lead my readers into a field where it is not customary to mention any such thing as marital choice, the field of homosexual love. And I may say right now that the phenomenon of homosexuality will never be rightly understood as long as we approach it from the pathological angle. To me it is simply the extreme development of a process which begins with what we consider as normal friendship and which after passing thru many intermediate forms finally reaches the actual inversion pole. Homosexual love does not differ from heterosexual love except in so far as the object of the libido is concerned.

All the other apparent differences, degenerate habits, moral insanity, feminism in the man, virilism in the woman, neurotic taint, etc., are product of our present civilization and have nothing to do with any original tendencies or their process of development.

Whoever admits these premises will understand that in this domain also we find phenomena corresponding to the marital choice. This sort of "marital choice" is also determined by childhood impressions and the sort of "marriage" resulting from it stands in clear contrast, with its inhibitions, to other freer and more lighthearted forms of union.

I met some time ago a homosexual who was truly the opposite of what the psychiatric literature describes as characteristic of the type. He was a healthy and cheerful young man of 22, universally liked for his engaging manner. A frank voluptuary, he did not indulge any more, however, than any other young men do, who like women and have some temperament. When we became more closely acquainted, he confessed to me that his love adventures didn't satisfy him. His heart belonged to his friend Walter and if Walter could not be his, life would not be worth living.

He and Walter would kiss each other and rave together over their friendship but they had never had sexual intercourse, nor did he desire it, for Walter was different from other men. When he was with Walter his passion was appeased and he didn't desire any other man.

He and Walter had quarrels; once they parted, returned each other's ring and pictures and then my friend led a life of wild dissipation for a while. One evening before Christmas I met him on his way to keep a tryst. About midnight I found him in front of his house, very dejected. It had all seemed to him impossible and repellent at the last minute. He must go back to Walter or die. . . .

Here we find again the two different attitudes to love. The only thing which is changed is the object of the libido.

The psychanalysis of this case of inverted marital choice gave the same results as that of Dr. L.'s case. I found a strong fixation on the mother which had endured to this day. It was some of his mother's traits which appealed to him in Walter, in particular Walter's reserve. The theorists who consider inversion as a psycho-pathological phenomenon will not fail at this juncture to make the following remark: "The inversion was due to the fact that the patient had a strong fixation upon the opposite sex, a fixation which repression more than compensated for, the result being that the patient's libido was transferred from woman to man. If one only makes this clear to the patient, he stands a good chance of being cured."

This is all very well, but we had in our first case a man who also had a strong fixation on a woman, repressed it, and yet desired other women. We find others who, like Bonnot, give up love and yet do not resort to homosexuality. The usual explanations of the mechanism of inversion explain nothing and I believe that both the fully inverted and those who merely evince a certain leaning toward their own sex at the expense of the other sex have been made such by Nature for a distinct purpose. The psychological opposites, homosexual and heterosexual, have probably a functional value, though it is at times rather difficult to determine, just like the somatic opposites man and woman.

My patient also revealed to me that he felt positive hatred toward his brother. After I made it clear to him that in many cases love and hatred were ambivalent terms, he finally admitted that he and his brother had been at first very affectionate to each other; one day, however, my patient and several other little boys had gathered together and masturbated; his brother had only looked on. From that day on my patient had felt ashamed in his brother's presence and had ended by hating him.

And now it was the reserved disposition he had found in his

mother and his brother (while he himself was unusually frank) which had become the leading factor in his choice of a mate. The evolution of the libido in this invert parallels closely that of the young doctor whose case I cited at the beginning of this article.

Leaving aside the choice of a mate among inverts, we are compelled by biological as well as by psychological reasons to see something more in marriage than a mere love relation established by custom.

The man evinces a psychosexual tendency to draw a clear line between two types of women whom he will love in the course of his life. To the first type belong the women he associates with in his early childhood. As soon as the incest taboo separates him from that type, the man seeks the absolutely opposite type of women for whom he has passing fancies.

In a well chosen wife, the man loves once more his mother and his sister, and this kind of a love is capable, when age comes, to transform itself into friendship. The mistress represents the opposite type, which after the first flame of passion dies out, is easily forgotten.

While the Calypso type is severely ostracized by the Penelope type, we must not forget that the Phrynes, Aspasia's and all the great and small cocottes of all lands have always taken an active part in the life of the intellect; the Penelope type, the wifely type, justly respected as it is, has a tendency to become petrified in the discharge of its domestic and motherly duties.

A readjustment is needed whereby both types of women will be vouchsafed their meet deserts.

AN UNUSUAL INJURY OF THE PENIS WITH SUCCESSFUL REPAIR.*

By PAUL J. GELPI, A.M., M.D.

Assistant Professor of Genito-Urinary Diseases, Graduate School of Medicine Tulane University; Visiting Surgeon Charity Hospital, New Orleans.

On the 28th of December, 1914, a colored boy, Alfred G., age 9, was admitted to W. I. Charity Hospital, presenting a condition of unusual interest. His penis, at a point about half an inch in front of the pubis, was almost completely severed, just as though it had been done by a knife in a circular amputation

* Read before the Orleans Parish Medical Society. *New Orleans Med. and Surg. Journal*.

of the organ. The skin was cut through all around, the cavernous bodies were almost completely divided (Diagram 1), and, below, the spongy body including the urethra was severed (Diagram 2). The dorsal vessels and those of the spongy body, as well as the central arteries of the cavernous bodies, were cut, and it looked as though the distal portion was hanging by a mere thread. The uncut segment of the penis measured less than three-eighths of an inch across and less than a quarter of an inch in thickness. Edema of the pendulous part with phimosis was present to a marked degree, denoting to what extent the circulation was impaired.

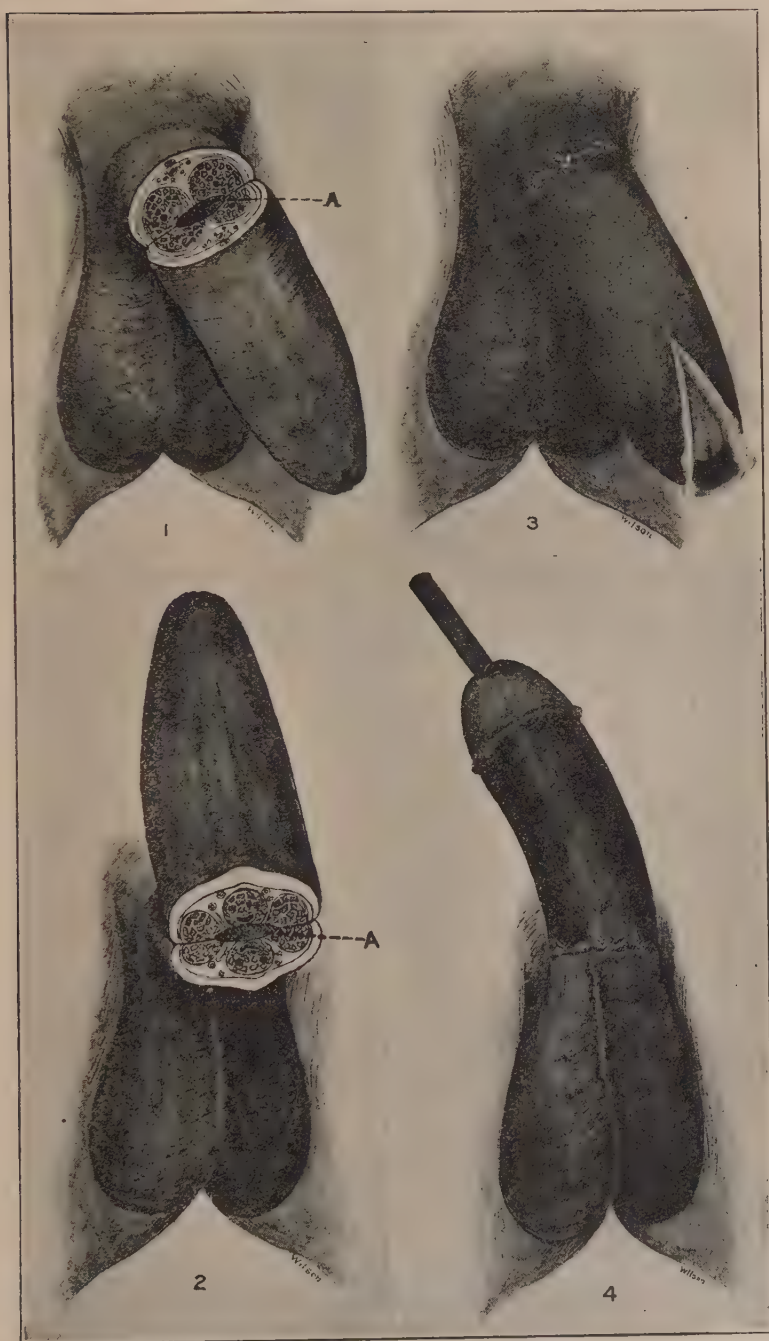
We thought at first that it would be a useless task to attempt restoration, in view of the great impairment to the circulation. The impression among those who viewed the case was that nothing short of completing the amputation would avail. We leaned on the side of conservatism, and decided to try repair by gradual stages, with the result shown in the accompanying photographs.

The history of the case can be told in a few words. We quote from the history written by Dr. Dean, intern of our service:

"About 8 days before entering the hospital, patient was out playing with some other boys. One of his playmates tied a string around his penis. He forgot about it for the time being, and when he went home his penis was so swollen that he could not get it off. The child being afraid to tell his mother, the string remained around his penis for 8 days. He could pass his urine at first with difficulty only."

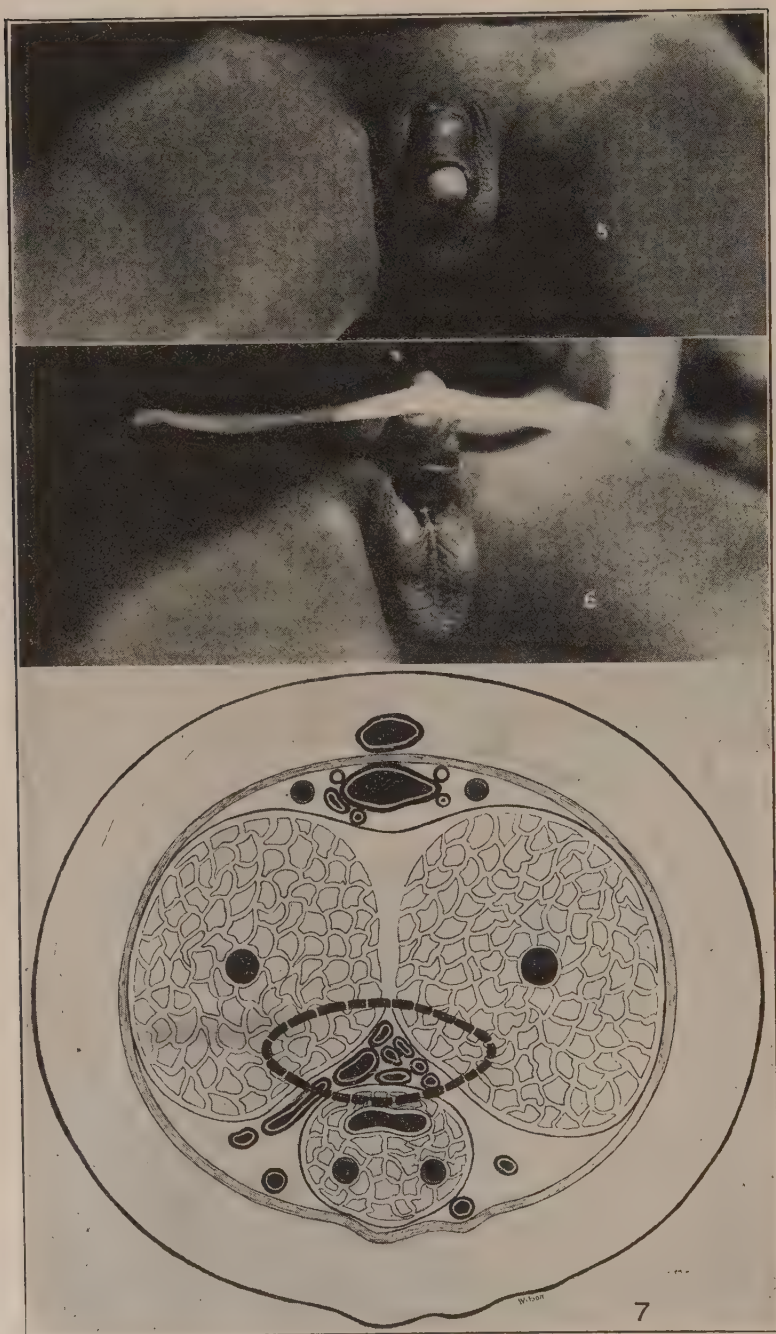
The boy gave me an entirely different version. He claimed to be subject to nocturnal incontinence. His father, not understanding the nature of the condition, threatened to hang him if he would again wet the bed. In mortal dread, he decided to tie a string around his penis so as to avoid another accident and escape punishment. I mention this simply to show the difficulty in getting correct details. It would be interesting to know how long it took for the string to cut through the deep tissues, and also to ascertain the amount of hemorrhage and the time it took for the urethral fistula to form. Unfortunately such details could not be furnished by the boy, and it was only by persistent questioning that we were able to secure the meager information mentioned above.

Operative Procedures: December 29 a dorsal slit was made



1. Diagram showing section of cavernous bodies and dorsal vessels. A—uncut segment.
2. Section of spongy body and urethra. A—uncut segment.

Illustrating Paper of DR. P. J. GELPI.



5. Photo showing result of operation, anterior aspect.
6. Photo showing result of operation, posterior aspect.
7. Diagram of cross section of penis. Dotted line encircles only existing vascular supply at time of admission.

to relieve edema of the prepuce. This was done under local analgesia (novocain).

January 2, 1915. Partial penoraphy under local. Three catgut sutures passing through the skin and deeply through the cavernous bodies were placed so as to unite the dorsum. The result was fairly good and we were encouraged to proceed with the work.

January 19. Circumcision and urethroraphy, also penoraphy completed. The urethra was sutured over a catheter passed through the penis into the bladder. Sutures were placed to unite the spongy body and the portions of the cavernous bodies that were still separated. This gave promise of good union until the fourth day, when the patient pulled out the catheter. This caused the urethra and part of the spongy body to remain ununited. General anesthesia was used.

February 5. External urethrotomy and urethroraphy under ether anesthesia. In order to absolutely divert the urinary stream, we resorted to urethrotomy. Perineal drainage was established and the urethra was sutured over a second catheter passing through the penis and out through the perineal incision. The skin was sutured directly over this. We were again doomed to disappointment, for the occurrence of stitch abscesses prevented the union of the urethra.

February 24. External urethrotomy and urethroraphy under general anesthetic. Perineal drainage was established as before and the spongy body and urethra sutured. A piece of skin one-third of an inch was cut away from the distal side. The skin on the proximal side was dissected for a half inch, including a portion of the scrotum, and freshened. This was sutured to the new edge of skin above, so that the superficial line of sutures was on a higher level than the deeper one. A few days later, union was perfect except at one point on the right side where a pin-hole opening remained, through which the urine passed drop by drop. A catheter was introduced directly into the bladder and in a few days the perineal incision and the penile fistula were entirely healed.

This case demonstrates what perseverance will accomplish in plastic work. It shows also how we can restore parts even when the circulation has been impaired almost beyond hope. There are two points, however, which only the future can determine.

One is whether erection will be perfect in the course of time and insure normal coitus; the other whether there will be stricture formation at the point where the urethra was brought together.

AN UNUSUAL CASE OF MASTURBATION

By J. ALLEN GILBERT, PH.D., M.D., PORTLAND, OREGON.

THE object of this brief report is to put on record a case which seems sufficiently striking to justify its being reported. The following history was obtained from his parents.

D. H—, a boy 10 years of age, has masturbated ever since he was two and a half years old. At this age it was a definitely established habit though the history extends back even farther than that—"practically to birth"—as one parent expressed it. At the age of five he was a physical wreck due to the peculiar method of masturbating. Resting on his head and feet forming an arch of the body with the abdomen downwards, by a peculiar longitudinal rocking motion of the body he obtained his satisfaction. The hands were not used at all. This rhythmical motion so shook the bed and room that it would wake the parents. At the completion of the process he would be more or less exhausted and covered with a profuse perspiration. He has been known to accomplish the act as often as twelve times in one night. His indulgence is not confined to the night but he resorts to his habit as often as opportunity will permit during the day. At the age of five he learned to accomplish the act by lying on his back and using the hand to rub the parts. From that time he gained in physical strength and though he was $3\frac{1}{2}$ inches under normal height and 13 lbs. under normal weight for his age he looked rather well and rugged. At four years of age he committed rape upon a little girl of about his own age on a country road. At the age of 9 he did the same to a little girl slightly older than himself. At this time he took her back into some bushes to accomplish the act. After questioning the boy, with caution not to give him any knowledge of anatomy that he did not already have, I could not convince myself that there was real sexual intercourse. He is not strictly truthful regarding things relative to his habit and he may have intentionally misled me, but his answers seemed to indicate that he did not have full knowledge of the difference of sex. I purposely avoided any questions or remarks which might reveal to the boy the true method of sexual intercourse provided he were still ignorant of it. He did on one

occasion, however, make the proper distinction and used the vagina of a bitch for sexual gratification. It has been impossible for the family to keep any pet animals. Cats, dogs, and his small brother two and one half years old were all used for the gratification of his habit whenever opportunity allowed. He could not be left in the presence of his brother for a moment without rubbing him till the parts were all inflamed. On one occasion he was found on the back of a fierce bull-dog in the neighborhood that everybody was afraid of. Shortly before he came under my observation the mother sent him four blocks away to mail a letter; as he remained longer than necessary she went to hunt him and found him behind a woodshed with a little girl. An incensed neighborhood had made it expedient for them to move several times within the year previous to their coming to me.

He has had only a year and a half schooling because he could not be kept in school on account of the fact that he spread the habit right and left among the children. During earlier years he showed no signs of shame whatever, indulging his habit in the presence of his parents without hesitancy. Of later years he sought privacy though he still discussed it apparently unabashed. At one time in my office I asked him to show me how he did it. Without shame or hesitancy he proceeded to a demonstration which I stopped. His mother was unable to keep any pockets in his pants for he worked holes in them through which to reach the penis and would perform the act in this way without the unsuspecting observer detecting him in it.

All methods the parents and various physicians could devise had been tried without avail. Even tying him to the bed so that he could not move arms or legs did not prevent him from wriggling the body sufficiently to accomplish his end. The only way to prevent him was by constant watch day and night. For a year they sent him to the country to try absolute seclusion from suggestive surroundings such as the city with its children might afford. While there he indulged his habit as before, even appropriating the chickens to the accomplishment of his end. The usual medical treatment gave no results. Suggestion failed. Detention in a private sanitarium in Santa Clara, Cal., brought no improvement. The superintendent of the insane asylum at Agnew, Cal., tried various preventive mechanical appliances and local irritants to stop the habit. The superintendent of the State School at Whittier, Cal., advised circumcision and resection of the vas deferens. A Seattle physician also tried various mechanical devices without success. The boy merely used the apparatus to rub against and accomplish his end. Kindness, punishment,

including severe corporal punishment, rewards, etc., have been entirely without effect.

The Oregon State School for Feeble-minded refused to take him unless he were circumcised and castrated. The father says the boy is a thoroughly good child and obeys in every particular except in reference to this fixed habit. He will not even promise not to do it any more. His only answer to such a request is "I do not know."

In their extremity the parents appealed to the Juvenile Court for advice and help. The court having no means of dealing with the boy referred him to the Society for Charities and Corrections, and they brought him to me. The boy was well nourished and yet underdeveloped, as stated above. He was nervous. Finger nails were bitten off close to the flesh. The foreskin was long and non-adherent. The parents testified to his being bright but he would not play as a child should. If told to build a block house he would build it mechanically in obedience to commands but manifested no interest in building it, tearing it down and rebuilding it. If told to ride his tricycle he would ride it mechanically till allowed to stop. He was polite and refined and showed every evidence of a good home and surroundings.

Circumcision was advised and performed by me on Feb. 22, 1911, not with the expectation of a cure but as a palliative measure. The second day after the operation he indulged his habit as before, protecting the head of the penis in the hollow of his hand and applying friction with the fingers and thumb at the root of the penis. If anything, he seemed to be worse after the circumcision than before, the local irritation probably serving as a stimulus to draw his attention to the parts. The parents had requested both circumcision and castration at the original operation and now urged castration both for the sake of the boy and the protection of the public. They were convinced that as soon as the parts reached development to the point of producing spermatozoa he would impregnate some girl. As yet there was no orgasm. The testicles were still undeveloped. The request for castration presented a problem and accompanying responsibility of no mean degree. I hesitated long, but finally became convinced that it ought to be done both for the good of the boy and the public.

It was not thought that castration would remove entirely the desire for the habit, for it would seem that the difficulty must be central, but on the same principle that castrated kittens, colts, pups, etc., lose almost entirely the sexual instinct if castrated when young the supposition seemed likely that, being castrated at his present age before development of the sexual organs was complete,

the habit in the boy might at least be abated to a marked degree and thus protect his nervous system from the ruin which the existing amount of indulgence would seem to make inevitable. Furthermore, the public has rights which should be considered in such a case. This element played no small part in the decision reached.

Not satisfied with my own conclusions on so important an affair, I consulted a number of physicians and a large majority advised that it be done. Realizing that it is easy to give an opinion when the subject under consideration is not one's own personal affair to deal with, I did not rest entirely on the opinion of physicians alone, but appealed to three judges of the courts, the county physician, officers of the Society for Charities and Corrections, and they all felt that it ought to be done. Though the task was an unpleasant one, I finally consented to castrate the boy on the written request of the parents. While in the wash room preparing for the operation the history of the case was presented to two other physicians who were present. These two men raised such a vigorous protest against it that I finally postponed the operation in order to give time for further consideration. During the discussion at this time the father was present and was so affected that he turned pale and prompt removal to the open air barely prevented syncope. For two weeks after the ordeal which was evidently trying to him, he suffered with pains over the heart and was unable to lie on that side.

The case was then submitted to the Portland Academy of Medicine. There was only one dissenting voice. He, a genitourinary specialist simply said, "I have no opinion to offer, but I have profound respect for a man's testicles."

Dr. S. A. Robinson, who took great interest in the case, took the history of it to the Governor of the State. In his opinion the State had no place to care for such a case, and he strongly advised castration. I then operated on March 20, 1911, and castrated the boy. The small incisions through which the testicles were removed, as well as the scrotum and a large portion of the penis were covered with a flexible collodion dressing to prevent him from infecting the wound should he continue his habit in spite of it. This dressing put him to some inconvenience, but he continued the habit immediately after operation. During the night of March 24, four days after the operation, he masturbated six times, and during the morning following he accomplished the act seven times before coming to my office. He said that he usually could and did do it oftener in the afternoon than in the morning. The operation seemed to have no immediate effect on the boy. The incisions healed

by first intention. While he still continued the habit the father reported on April 15 that more effort was required on the part of the boy to obtain satisfaction in the act. Shortly after this the mother reported that he had gone back to his boyhood method, viz., with his head and feet on the bed or sofa, he formed an arch of the body with the abdomen downwards and then by a forward and backward rocking of the body he obtained his gratification. The hands were not used at all except to steady the body while they rested on the sofa. At one time at my request he proceeded without shame or embarrassment to a demonstration of the method which I interrupted. In rocking the body forward the head was flexed under the chest to such an incredible degree that the impact of the movement brought the occiput of the head against the sofa with such force that he was bald at that point. One really felt that he was in danger of breaking his neck in the process. This method had so developed the posterior muscles of the neck that when he stood upright and let the head drop on the chest they stood out in a marked curve. His general physical condition suffered from the excessive strain. For a while he lost in weight but by November, 1912, examination showed that he was about normal so far as the respective physical functions were concerned. At home it was necessary to keep him a close prisoner for the protection of his younger brother, and the community at large. The brother seemed to be perfectly normal. He is a half brother to D. H.—, the father having married the second time.

Continued difficulty in dealing with the boy at home seemed to make it advisable to renew previous efforts to have him taken care of in some institution. The crowded condition of the School for Feeble-minded prevented his admission for a time, but space for him was finally made and he was transferred to that institution. Up to the time of his admission to the institution the habit was still sufficiently strong to make it necessary to keep him practically a prisoner in his own home in order to protect his brother.

About two years after his admission to the institution the Child Welfare Commission in going through the institution, ran across D. H.—. Inquiry developed the fact that he had not had the habit since the change of Superintendents. Close watch night and day failed to catch him in the indulgence of his habit. The nurse who had him in charge immediately after his admission reported that he had the habit when he was admitted but that it had gradually disappeared.

During a recent visit to the institution on January 25, 1915, I was able to see the boy again. He is now thirteen years of age, rugged in appearance and liked very much by the officers in the

institution. The superintendent says, however, that he is not perfectly normal mentally. While he is of opinion that the boy is slightly feeble-minded, yet he is so far above the average class of boys of his age in the school that it is really not the proper place for him.

As can well be imagined, criticism for castrating the boy was both severe and disconcerting, but the severity and final outcome of the case have certainly justified the procedure. The problem presented many points for consideration which made responsibility heavy. The case is closed with a certain degree of satisfaction—certainly without regret for having treated the case as it was treated.—*Medical Record*.

ABSTRACTS AND MISCELLANY

FATAL URETHRAL FEVER.

Dr. Alexander H. Peacock, (*Medical Sentinel*, Nov. 1915), reports the following case. The patient was a male, 21, previous history normal. Four years before had dull pain in right side and back, lasting about three hours, with nausea and vomiting, which was relieved on lying down. Has since had similar attacks. Cystoscopic examination made June 7, 1914. The urine was clear, no shreds, specific gravity 1.021, no albumen nor sugar. Bladder was normal, catheter passed the right ureter clear for six inches, then showed stricture; this was passed and pelvis reached. Left ureter was easily catheterized to pelvis, clear normal urine was obtained from both kidneys; no pus, no bacteria, no casts. Right kidney was freely movable. No anesthesia was used.

That night patient passed a little blood on voiding urine, had mild fever and chill. Next morning passed only a small amount of clear urine, had bad chill, fever lasting several hours, considerable dyspnea. Was given a urinary antiseptic and felt better in afternoon. Symptoms reappeared in evening, his pulse was rapid and face blue. Next morning was removed to a hospital, had worse chill, temperature of 106 deg. Died in a few hours. Post-mortem was refused.

Altogether there is too much unnecessary cystoscopy and the more instrumentation we have the more cases of urethral fever we will have.

DURATION OF THE INCUBATION STAGE OF SYPHILIS.

One of the editors of the *Annales de Dermatologie*, (J. A. M. A.) G. Thibierge, publishes in the July issue a study of this subject. His data establish that in the vast majority of cases the incubation period ranges from fourteen to forty-two days, but that cases are on record in which the interval before symptoms developed was fifty, sixty and ninety days. He cites various authorities to show that the minimum seems to be ten days. In monkeys the range was ten to forty-nine. The average in man is between twenty-five and thirty days.

MARRIAGE OF TUBERCULOUS PERSONS.

The supreme court of New York has decided in the case of Sobol vs. Sobol that the marriage of a person suffering from tuberculosis might be annulled at the instance of the other party to the marriage when the existence of the disease had been concealed. The court decided that in view of the possible serious consequences to the wife, to the children if any were born, and to the community, the marriage contract should be annulled. The legal basis of the decision was the fraud of the defendant in concealing and misrepresenting the condition of his health.—*Public Health Reports*.

PROSTATIC HYPERTROPHY.

Dr. A. L. Wolbarst, (*J. A. M. A.*, Oct. 16, 1915), says that the diagnosis of prostatic hypertrophy is not always a simple matter for the general practitioner and sometimes even for the urologist, especially when the nervous system is involved, causing functional disturbances of the bladder. He reports a case of incipient tabes occurring under his observation, which illustrates the fact. It teaches that mere enlargement of the prostate as shown by the cystoscope does not necessarily show cause for immediate prostatectomy. Secondly, that the cystoscope, useful as it is, has its limitations, and this is one of them. Wolbarst says he is conservative enough to rely on the clinical manifestations in the diagnosis of the senile prostate. The damage done by the use of the instrument in these cases, he thinks, is far greater than the good. [Perfectly true.—Editor.] When the diagnosis is not clear its use is permissible or even imperative, but the skill of the urologist will be shown by his ability to determine when it is necessary. The third lesson the case might teach is the importance of the physical examination and serologic test. The Wassermann test and the pupillary symptoms, the knee jerk and other nervous symp-

toms must be looked for. The question whether or not operation is required is to be judged in every case according to the existing conditions. It should be resorted to only after other measures have failed. The evil results that may follow make him feel strongly on this subject. We have all seen cases of enlarged prostates without unpleasant symptoms, and so long as the patient is in a fairly comfortable condition we should let it alone. The bladder should be given an opportunity to compensate for the obstruction of the enlarged prostate. This can be encouraged by the application of hygienic measures tending to remove congestion from the prostate and bladder. Massage of the bladder walls, by gently filling the bladder to its capacity, is extremely useful in stimulating compensatory hypertrophy. Prostatectomy is demanded as soon as a catheter is required to keep the patient in comfort.

DEFECTS IN PRESENT METHODS OF TREATING SYPHILIS.

Bruhns (*Abst. J. A. M. A.*) insists that actual progress in the treatment of syphilis will have to be based on prolonged supervision of cases carried on and recorded systematically. This is scarcely possible except with private patients, and with repeated collective inquiries. He presents evidence to sustain his contention that medical supervision is required for many more years than is now considered necessary. An isolated negative Wassermann is no criterion that the disease is extinct. Only when the clinical and serologic findings are constantly negative, on repeated examinations, for many years, can we regard the cure as probable. He lists the outcome of the Wassermann test repeated about yearly from 1908 to date in 100 private patients infected with syphilis ten or more years ago. In forty-two the test was constantly negative; in 32, positive at first but negative later; in seven, constantly positive, notwithstanding repeated courses of treatment; in three, positive at first, then long negative, but finally veering to positive again; in eight, negative at first, then positive and finally negative, and in eight, negative at first but finally positive. The last three groups are particularly suggestive; in some the long negative reaction for five or six years suddenly veered to a pronounced positive reaction without any clinical manifestations becoming evident at the time or later. After renewed courses of treatment in the two following years the response became negative again. Among the cases with constantly negative reaction were some in which brain trouble or tabes developed, demonstrating anew that the *clinical*

manifestations and the serologic findings do not always run parallel.

We appreciate better now the dire consequences of syphilis; insurance statistics have shown that 15 or 25 per cent. die from the results and that from 6 to 10 per cent. develop disease of the central nervous system while even more suffer from arterial disease. Lenz estimates that 25 per cent. of all syphilitics have aortitis. Paralysis develops on the average ten or fifteen years after infection and manifest aorta trouble, eighteen or twenty years. By treatment in time, gummatous lesions retrogress, and hence specific treatment repeated often enough may ward off arterial and cerebral trouble later. Syphilitics should have impressed on them the necessity for keeping under medical supervision. Some central system might be devised to remind all syphilitics at regular intervals of the necessity for returning to be examined.

Some recent research has demonstrated that in from 60 to 75 per cent. of all the cases of tabes or paresis other members of the family had been infected. This proportion is far larger than is found in the families of syphilitics who do not develop tabes or paresis. These and other facts seem to indicate that the form of syphilis which develops tabes and paresis later is infectious over a *longer* period than is the case with syphilis under other conditions. Raven reported last year an investigation of ninety families in which a case of metalues had developed. The interval between date of infection and the marriage was known in about half of them and it had been four years in two families, five years in one, and from six to twenty-one years in ten. It seems as if in syphilogenous nervous affections the individuals are liable to infect others over a longer period than other syphilitics. If further research confirms this, we will have to modify our views as to when we can consent to marriage, for we have no means of knowing which of our syphilitic patients are going to develop nervous or brain affections.

TREATMENT OF VENEREAL BUBO WITH ROENTGEN RAYS.

Kall has been using the Roentgen rays in treating venereal buboes during the last eighteen months with good results. He advocates their use as systematic treatment in early stages before much inflammation has developed. Before suppuration occurs the treatment is more successful; the pain subsides and the patient is able to go about. Even after fluctuation has developed the leucocytes are destroyed and apparently absorbed by the rays. Even

indolent syphilitic buboes respond promptly to the treatment. Developed abscesses are incised and then exposed to the rays with good results.

CESAREAN SECTION BY BOMB SHELL.

The lying-in department of the public hospital of Rheims during the bombardment was transferred to the cellars without in any way upsetting the service, and without any fatalities from infectious complications. Henrot tells of a newborn, healthy child being brought in alone; when inquiry was made about the mother it was discovered that the mother on the way to the maternity had been killed by a shell which tore open her abdomen, and the child was simply lifted out.

TREATMENT OF ACUTE EPIDIDYMITIS BY PUNCTURE

Dr. H. W. E. Walter (*Boston Med. Surg. Jour.*) is very much in favor of treating acute epididymitis by aspiratory puncture. He prefers it to the usual medical methods and also to the open operation. The procedure is a painful one but the puncture causes a cessation of the patient's suffering so promptly and shortens the duration of the attack so markedly that the method deserves more attention and consideration at the hands of the profession than it has received in the past. The technique adopted is as follows:

The scrotum is prepared aseptically as for any operation; the practice being to shave the skin, thoroly cleanse the same with green soap and water, and then paint the site of puncture with tincture of iodine. The affected testis is then firmly grasped with one hand, the epididymis to be punctured pointing uppermost, and the skin over the selected area of entrance of the needle is put on tension. A very sharp-pointed, fairly large needle which is connected to a 10-c.c. record syringe, and which has been previously sterilized, is then thrust through the skin of the scrotum into the substance of the epididymis for $\frac{1}{2}$ to $\frac{2}{3}$ inch, and then the attempt is made to aspirate gently some of the seropurulent content. By withdrawing the needle slowly, aspirating all the while, one will often succeed in obtaining fluid from the different levels in the gland when the same would not be gotten if the needle was held in only one plane. Usually two or three punctures at different points in the affected organ are made.

The wounds are then sealed with a collodion dressing and a suspensory applied to the scrotum. Confinement to bed is not necessary and the after-care of these cases is very simple.

The only anesthetic used has been that of spraying locally the site of puncture with ethyl chloride to freeze the part. In hospital practice even this spray has not been found necessary to gain the patient's consent to have the punctures made. A general anesthetic is never necessary for this procedure. In dealing with hyper-sensitive patients one might inject a few cubic centimeters of 2 per cent. novocaine solution subcutaneously and down to the epididymis so as to diminish the sensation when the needle punctures are made.

As a rule very little fluid is withdrawn. The effect of the aspiration, however, becomes manifest by an almost immediate relief from pain, and within 6 to 12 hours the swelling in the gland and the fever will be noticed to have diminished considerably.

TREATMENT OF CONGENITAL SYPHILIS.

E. Müller (*Berl. Klin. Wochens.*) advocates intensive courses of treatment in a special department in general hospitals rather than separate institutions for syphilitic children. He has been applying treatment more energetically of late under the influence of the new régime in regard to syphilis in adults. For infants he prefers intramuscular injection of a suspension of calomel in olive oil, and gives no mercury by the mouth or inhalation, but alternates with neosalvarsan. For children over 2, he gives inunctions alternating with neosalvarsan injections. Some of the infants treated as above died suddenly, as in collapse. Probably the system was overwhelmed too suddenly with the toxins liberated by the destruction of such quantities of spirochetes. [Or they may have died from the neosalvarsan.—W. J. R.] Since these experiences he has reduced the dosage somewhat for infants. Once past this first course of treatment, however, the children thrive well under the succeeding courses.

He has been impressed with the improvement in intelligence of many of the children during the courses of treatment. Among the cases related is that of a bright child with adenoid vegetations. As they were excised their extraordinary hardness was noted, and the diagnosis wavered between syphilis and sarcoma. The child seemed healthy and bright, and there was nothing to suggest syphilis, but the Wassermann test gave a pronounced reaction. The

aim should be with congenital syphilis to eradicate it entirely. Hence efforts are justified to make the first course of treatment thorough and decisive. The Wassermann reaction is Dr. Müller's guide. This test is applied before each course of treatment and again eight or ten days after its close. After the Wassermann has become negative, two courses are given in prophylaxis. If the reaction is positive, treatment is continued until the desired aim is reached. In the most favorable case, therefore, three courses are required and otherwise four or five.

According to Dr. W. B. Swift, congenital syphilis can cause a faulty or incomplete development of vocal cords that results in vocal monotony and harshness in both conversation and weeping.

POLYANDRY IN INDIA.*

By H. FEHLINGER.

Thus far polyandry as a social custom has been recognized only in northern India. Formerly widely practised it is now restricted to a relatively small number. In Tibet when the oldest brother marries the younger brothers become thereby married to the same woman. This is however, optional with the woman. The origin of the custom is as usual economic, that is, it requires the labor of several men to support one woman. The children belong legally to the oldest brother tho usually they are designated as belonging to the different husbands according to age. In Punjab where the custom also occurs, the marriage ceremony suggests marriage by capture. Here the houses usually consist of two rooms, one for the woman and one for the brothers. Women not married either become Nuns or are exported to other parts of India. With itinerant trades the brother who happened to be at home was regarded as the husband. In Santal, not only did the younger brothers maintain relations with the wife of the oldest, but the oldest had access to the sisters of his wife. In some places polygamy and polyandry occur side by side. Matriarchal polyandry, that is, where descent is traced thru the distaff side also occurs.

Since the custom exists in both northern and southern India the relation between the two has been difficult to establish. Apparently it was carried south by Tibetan conquerors since the southern tribes differ in form from the intermediate tribes. Certain customs substantiate this view.

* Z. f. Sexualwissenschaft II, 249, 1915.

LETTERS TO THE EDITOR

A MINISTER ON SEX RELATIONS.

William J. Robinson, M. D.;

My dear Sir:—

I have just finished reading your "Limitation of Offspring." A remarkable book! I didn't know, before, that anybody had written such a plain-speaking, truthful, and necessary book.

I wonder if I may speak my mind on the subject of sex-relationships, as they have presented themselves to me during the last forty or fifty years?

In my twenty-five years as a minister, frequently people come to me about their religious difficulties who need, really, the doctor, not the minister. Particularly is this so with persons who are in an abnormal psychical condition as the result of sexual reactions upon the mind. They're a queer lot; but need help the worst way! Hence, the doctor. My business, I conceive to be, largely, to awaken and stimulate the moral imperative within their own souls (Kant's "categorical imperative") so that they are willing to obey the laws of life, especially, the *physical, sexual* laws. The doctor explains them to such patients; and administers the means of restoring them to normal conditions, but only the patient, himself, can *will to obey*. This last I try to impress upon the patient before I send him to the doctor. Now, I have found it important that I know as much as possible of such matters as books like yours treat of, not that I may administer aid, medically, to such persons as I speak of above, but that I may *see* that they *do* need the doctor, not me. If the *soul* needs awakening, that's my business; but the abnormal body and its reactions upon the mind, are not my affair, but the doctor's. Unless, however, I have enough specific knowledge of physical and, especially, sex matters, I'm liable to be treating the patient with *spiritual and moral* prescriptions that won't reach the difficulty. You understand, I take it. To the end, therefore, that abnormal persons may receive *medical* aid as well as *spiritual* quickening, I keep myself in touch with two or three doctors of various schools of medical practice, to whom I refer persons needing such. Hence, your books, so fearlessly written will prove a boom to such as I.

In regard to what Gerald Stanley Lee calls, "the awful mystery of sex", for many years I have held that the sex-relationship is not only *physical* but *psychical*. Several years ago, John Fiske, of Harvard University, said, "Physical evolution has ceased and psychical evolution has begun". That's just it! And until people realize it, together with its sex-implications, this old world won't improve much, I'm thinking. In the foreword of your book you quote, to tremendous effect for such as hold *ideas* of paramount value in life, Herbert Spencer, in regard to the value of "opinions"; that, being of such value in life, they should be developed and uttered fearlessly. Good! And the next step is, to realize that "opinions", "ideas", are "children of the mind", and are *created*, really, by *psychical sex-union*, just like any other "children".

My theory, specifically, is this: Men and women should marry *psychically* as well as *physically*. And the union, to produce the *best* results, should be *monogamous*. For it takes heaps of time and knowledge as well as constant and particular intimacy to develop and give birth to ideas that are of any value to mankind. Furthermore, if men and women are wedded

both physically and psychically, the full results of sex-power can be realized. For example: There can be, under such a relationship, an orderly and rhythmical interplay of both physical and psychical sex-functions,—an orderly, rhythmical, and highly productive alternation of action and repose between the physical and the psychical functions of men and women in the married life. During ovulation, a woman's brain ought to be quiescent; and the man's in a measure, also. Then after the function is over, both can enter into the most powerful *psychical* activity together for about eight or ten days; now, the man (right in the middle between the ovulation periods, should, if normal, it seems to me, have the *non-impregnating* (the point of your book) *sexual intercourse* that is so good for the affectional life and happiness of both man and woman. *His* brain should, then, become, for a day or so, quiescent, just as hers was at the menstrual period,—her's, measurably so. Then again, for another period of eight or ten days, they should enter into the most active and creative psychical effort together. This will complete a cycle of twenty-eight days, normally.

You see, by this scheme, both bodies and brains get alternate activity and repose,—just what each needs for the best results in life. After the physical activity (twice each month) the rested brains will be at their best; and the finest ideas, in those of sufficient education and mental endowment for such wedded life together, will be sent forth into the world. The excitement of ovulation and sexual intercourse that might bring on tension or, even, inflammation, bodily, will be allayed from the fact that the blood and nervous activity will be drawn off from the physically reproductive organs to the brains of both, their psychically reproductive organs. All will be normal, rhythmical, orderly, productive, harmonious, happy, blessed! It will require a high religious, moral, intellectual cultivation to carry out such a programme,—both the man and the woman must be educated in every sense of the word. Under such a regime, the "higher education of women" will be for fitness for the higher marriage, not, as so often now, a deterrent from marriage. Constancy, chastity, loving fidelity will be required, in the highest degree, from both to both; and something as near like heaven on earth as we are ever likely to get will be realized, I'm thinking! Anyway, such are my ideas as to the sex-relations and marriage; and I have seen the thing actually carried out, for many a year. Some day, I hope to see it realized by all normal souls.

Holding such ideas, you can realize, of course, how perfectly your own ideas of sex-relationships tally into mine. The Puritan would *suppress* sex-life; *we* would cultivate it and divert it from passionate self-indulgence to loving and faithful and self-restrained creativeness on both the physical and psychical plane of life. The idea is *radical* enough, all right! But none the less *true* for all that, I reckon.

I thank you for your books; and for your labors for nobler ideals of the wedded life,—from which "all blessings flow."

Needham, Mass.

I am,
Very truly yours,
A. W. LITTLEFIELD.

[We can only wish that there were more ministers of the type of Mr. Littlefield. Editor.]

DOUBLE STANDARD OF MORALITY.

I wish to comment upon Prof. von Ehrenfels' "Double Standard of Morality", as follows:

There should be *no standard* of sexual morality in the social order, either double or single. Human beings should be as free from standards as the animals of the lower orders, in their sex life. It is not reasonable of course to draw too close an analogy between man and the lower orders, because the lower animals are controlled by a *race* instinct in sex life while man is governed by an individual instinct owing to his more highly

evolved brain. But all the more for this very reason man should be entirely free from any artificially cooked up *race* standard.

It seems incredible to me that a thinking scientific mind can speak of a "single" standard or any standard, as having power to bring us into "serious biological peril". How can a "standard" make the "question of wooing and sexual gratification *alike* in the two sexes"? Nothing can change these sexual differences. What is needed is freedom to exercise and so intensify these sexual differences. One would think that Prof. von Ehrenfels recognized "virile selection" as the only kind of selection in the cosmic order. Has not the female quite as much to do with selection throughout the universe as the male? Freedom of selection for both is the only selection that is biologically safe.

And why should we hark back to the past of evolution? Can this past avail to bring us any farther than we are today? What we must needs do is to get up and go on, shaking from us the standards of the past and refusing to bind ourselves with new ones. It is our standards and traditions that hold us back. But for them we might be much more highly evolved than we are today.

The only real biological peril to the human race is the economic peril. Do away with this peril by providing for women and children on a social basis in complete independence of the unreliable and ineffectual one—man—husband—and—father standard,—in other words, do away with *monogamy*, and we will need no strainings after standards of sexual morality. In such social provision "selection" for both male and female can be absolutely free and all of the essential differences necessary to reproduction will be only enhanced and intensified.

Philadelphia.

ALICE GROFF.

BOOK NOTICE

Manual of Surgery—By Alexis Thomson, F. R. C. S. Ed., Professor of Surgery, University of Edinburgh and Alexander Miles, F. R. C. S., Ed., Surgeon Edinburgh Royal Infirmary. Vol. I, General Surgery. Vol. II, Regional Surgery, Fifth Edition revised and enlarged, with numerous illustrations, Oxford University Press, 35 West 32nd St., New York.

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